

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90414 011 \*\*\*150.00

**DOCUMENT # P99000049340**

1. Entity Name  
**SPORTS ZONE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>3988 HIGHWAY 90 WEST<br/>         MARIANNA FL 32446</b> | Mailing Address<br><b>3988 HIGHWAY 90 WEST<br/>         MARIANNA FL 32446</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>3988 Highway 90 west</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>3988 Highway 90 west</b><br>Suite, Apt. #, etc. |
|--|--|

|                                    |                                      |                                    |  |
|------------------------------------|--------------------------------------|------------------------------------|--|
| City & State<br><b>MARIANNA FL</b> | City & State<br><b>MARIANNA, FL.</b> | 4. FEI Number<br><b>59-3580614</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------|------------------------------------|--|

|                     |                           |                     |                           |   |
|---------------------|---------------------------|---------------------|---------------------------|---|
| Zip<br><b>32446</b> | Country<br><b>JACKSON</b> | Zip<br><b>32446</b> | Country<br><b>JACKSON</b> | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|---------------------|---------------------------|---------------------|---------------------------|---|

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HAMILTON, BOBBY R<br/>         4003 WEST LAFAYETTE STREET<br/>         MARIANNA FL 32446</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|--|--|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Bobby R Hamilton* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HAMILTON, BOBBY R<br>4003 WEST LAFAYETTE ST.<br>MARIANNA FL 32446 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HAMILTON, ELOUISE H<br>4003 WEST LAFAYETTE ST.<br>MARIANNA FL 32446 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HATCHER, BRANDON<br>1011 HIGHWAY 69<br>GRAND RIDGE FL 32442 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>PARKER, PAUL KEITH<br>597 PINWOOD LANE<br>SALE CITY GA 31784 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PARKER, CHERYL<br>597 PINWOOD LANE<br>SALE CITY GA 31784 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

*T.D. STACKOWICZ FRANK A. 5726 TROPICAL LANE GREENWOOD FL 32443*  
*VPD Rhodes Eddie 2920 SUNSET DRIVE OMIT MARIANNA FL 32448*  
**omit** ↑

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bobby R Hamilton* **2/12/01** **850-482-6330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)